

# SENATE MOTION

**MR. PRESIDENT:**

**I move** that Senate Bill 308 be amended to read as follows:

- 1       Page 1, line 10, after "(c)" insert **"For services rendered and**
- 2       **documented in an individual's medical record,"**.
- 3       Page 1, line 10, delete "Physicians" and insert "physicians".
- 4       Page 1, line 11, after "exams" insert **"that are necessary to**
- 5       **determine the presence of an emergency"**.
- 6       Page 1, line 11, after "using the" insert **"appropriate"**.
- 7       Page 2, line 1, delete "Primary Care Case Management" and insert
- 8       "primary care case management".
- 9       Page 2, line 6, delete "Risk-Based Managed Care" and insert
- 10      "risk-based managed care".
- 11      Page 2, after line 7, begin a new paragraph and insert:
- 12      "SECTION 2. IC 12-15-15-2.6 IS ADDED TO THE INDIANA
- 13      CODE AS A NEW SECTION TO READ AS FOLLOWS
- 14      [EFFECTIVE JULY 1, 2001]: **Sec. 2.6. (a) This section applies to**
- 15      **physician services provided in the emergency department of a**
- 16      **hospital licensed under IC 16-21 to an individual enrolled in the**
- 17      **Medicaid risk-based managed care program by a physician who**
- 18      **does not have a contract with the enrollee's Medicaid risk-based**
- 19      **managed care organization.**
- 20      **(b) Payment for physician services described in subsection (a)**
- 21      **must be at a rate of one hundred percent (100%) of rates payable**
- 22      **under the Medicaid fee structure.**
- 23      **(c) The payment under subsection (b) must be calculated using**
- 24      **the same methodology used for all other physicians participating**
- 25      **in the Medicaid program.**
- 26      **(d) For services rendered and documented in an individual's**
- 27      **medical record, physicians must be reimbursed for federally**
- 28      **required medical screening exams that are necessary to determine**
- 29      **the presence of an emergency using the appropriate Current**
- 30      **Procedural Terminology (CPT) codes 99281, 99282, or 99283**
- 31      **described in the Current Procedural Terminology Manual**

1 published annually by the American Medical Association, without  
2 authorization by the enrollee's primary medical provider or  
3 managed care organization.

4 (e) Payment for all other physician services described in  
5 subsection (a) provided to enrollees in the Medicaid risk-based  
6 managed care program must be at a rate of one hundred percent  
7 (100%) of the Medicaid fee structure rates, provided the service is  
8 authorized, prospectively or retrospectively, by the enrollee's  
9 primary medical provider or managed care organization, based on  
10 information as documented in the enrollee's medical record.

11 (f) This section expires July 1, 2003."

(Reference is to SB 308 as printed January 26, 2001.)

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Senator MILLER